STATE OF KANSAS

Collection Site Passport **Billing Account #: ____

NON-DOT (Excluding KDOT)

(State of Kansas Alcohol and Controlled Substance Testing Program)

Donor Name: (Donor must have picture ID to	show to collection site personnel)	
Donor Social Security #:Agency Position No:		
Collection Site ~ Name: Address: Phone:		
APPOINTMENT DATE/TIME:		
Type of test(s) to be conducted: Drug test (NIDA/5 panel) Alcohol test (breath collection)	☐ Commercial Driver's License	Position
Reason for testing: Pre-Employment Pre-Duty Random	☐ Reasonable Suspicion ☐ Return to Duty	Follow-up Post-Accident
Special Testing Instructions: normal collection		
• FAX copy of chain to: Attn: Kerra Tener @ 785 Designated Employer Representative (DI Send employer copy of drug testing chain of Kerra Tener State of Kansas LSOB, Rm. 401-N 900 SW Jackson, Topeka, KS 66612-1251	E R) f custody and/or breathe alcol Phone: 78	hol testing form to: 85.296.4281 Secured Fax: 785.296.6918 erra.tener@ks.gov
		THE CUSTOMER customer set-up with your facility. Should you have any
Phamatech Attn: Jodee 15175 Innovation Dr. San Diego, CA 92128 800.800.4522	Kerra Tener at 785-296-4281 for supplies of pre-printed chain of custody forms, billing, collection protocol	
	COPY OF DRUG TEST CH THIN 24 HOURS OF COL	

800-526-9341 FAX 516-797-1293